MFG. BY LOTHROP BUSINESS FORMS 228-8600 (1-800-822-9987)

Nintendo WORLD CLASS SERVICE sm

1. ☐ Warranty Claim Form

OR

Check (x) one

3. ☐ Non-Warranty Report

2. Important! Attach proof of purchase, affidavit or enter Warranty Verification Number Here:

_____

(Call 1-800-447-8373 for warranty verification No.)

5. Claim Number:

NOA 122822

4. BRAND: NINTENDO WORLD CLASS SERVICE sm

6. Customer's Last Name | 7. First Name

8. Address*

9. City | 10. State | 11. Zip | 12. Phone Number ( )

13. Description of Problem

14. Dealers Name | 15. Zip | 16. Store No.

17. Customer Signature (upon exchange or pickup) | 18. Salesperson Signature

19. Component Received (one per form)

20. Serial No. (if applicable)

Date Purchased (Attach Proof of Warranty) MO. DAY YR.

21.

22. Date Service Requested

23. Important Instructions!!

Check (a),(b),or(c):

Repair this component and:

☐ (A) Return to Customer's address via UPS.

OR

☐ (B) Return to WORLD OF NINTENDO for Customer pickup.

OR

☐ (C) Customer received in-store exchange; return to WORLD OF NINTENDO warranty replacement component inventory.

29. Repair Center No. | 30. Component #

31(A). Manufacturer's Code ☐☐☐☐ | 31(B).

32. Part Use Quantity	Part No.	Part Description

Repair Time:_____(min)

33. Date Service Completed / / | Ship Date / / | 34. Technician Signature

24. Total repair charge.

25. Sales Tax (if applicable)

26. Subtotal

27. Shipping Charge

28. Grand Total

Repaired Components are covered under a 90 day warranty

*** UPS will not ship to P.O. Box**

NINTENDO

39006

MFG. BY LOTHROP BUSINESS FORMS 228-8600 (1-800-822-9987)

Nintendo WORLD CLASS SERVICE sm

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NINTENDO OF AMERICA WARRANTY CLAIM
AFFIDAVIT OF PURCHASE OR AQUISITION

Description of Nintendo Product:

_____

_____

_____

1) The aforementioned product was purchased or acquired as a gift on _____/_____/ 9_____. (If gift, proceed to step 3.)
(Date)

2) Purchase was made at _____
Name of Store

in _____
City/Town, State

3) I swear the foregoing to be factual.

_____/_____/ 9
Customer Signature Date

4) Customer Name: _____

Street Address: _____

City, State, Zip: _____

Phone: (_____) _____

5) _____
Signature of Witnessing Store/Authorized Servicer Employee Date

_____
Nintendo (NOA) Warranty Claim Form Number (Shown in upper righthand corner of claim form)

_____
Store/Servicer Name Store/Servicer No. (If applicable) Store/Servicer Address

NINTENDO COPY - ATTACH TO WARRANTY CLAIM FORM AND MAIL TO NINTENDO